

**APPLICATION/INTAKE FORM** (updated 3/11)

Please fill out the Application/Intake form completely

**APPLICANT**

**CO-APPLICANT**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

# in Household: Adults \_\_\_\_\_ Children \_\_\_\_\_ Total \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address (Physical and Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated Gross Annual Household Income: \$ \_\_\_\_\_ for all income earners  
 (include all salaries, child support, disability, SSI, self-employment, alimony, pension and other income)

**Race (each check all that apply)**

**Ethnicity (each check one)**

Applicant	Co-Applicant	
_____	_____	American Indian or Alaskan Native
_____	_____	Asian
_____	_____	Black or African American
_____	_____	Native Hawaiian or Other Pacific Islander
_____	_____	White

Applicant	Co-Applicant	
_____	_____	Hispanic or Latino
_____	_____	Non-Hispanic/Non-Latino
_____	_____	Prefer not to respond

**Citizenship Status (each check one)**

**Immigrant Status (each check one)**

Applicant	Co-Applicant	
_____	_____	Non-Resident Alien
_____	_____	Permanent Resident Alien
_____	_____	US Citizen

Applicant	Co-Applicant	What Country?
_____	_____	Foreign Born _____
_____	_____	US Born _____

Marital Status (check one): \_\_\_\_\_ Unmarried/Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

**Demographic Information (each check all that apply)**

**Current Living Arrangement (check one)**

Applicant	Co-Applicant	
_____	_____	Female
_____	_____	Male
_____	_____	Disabled
_____	_____	US Veteran
_____	_____	Owned Home and/or land in last 3 yrs

Applicant	Co-Applicant	
_____	_____	Renter
_____	_____	Homeowner with mortgage
_____	_____	Homeowner, mortgage paid off
_____	_____	Homeless
_____	_____	Living w/family member, not paying rent

**Household Type (check only one)**

_____	_____	Female headed single parent household	_____	_____	Male headed single parent household	_____	_____	Single Adult
_____	_____	Two or more unrelated adults	_____	_____	Married with children	_____	_____	Married without children
_____	_____	Other: _____	_____	_____	_____	_____	_____	_____

**How did you hear about SEAGO:**

\_\_\_\_\_ Lender \_\_\_\_\_ Realtor \_\_\_\_\_ Friend \_\_\_\_\_ SEAGO Website \_\_\_\_\_ HUD/HUD Website \_\_\_\_\_ Brochure \_\_\_\_\_ Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant EMPLOYMENT**

Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross Monthly Income (before taxes) \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice a month \_\_\_\_\_ Monthly \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross Income (before taxes) \$ \_\_\_\_\_

Secondary Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross Monthly Income (before taxes) \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice a month \_\_\_\_\_ Monthly \_\_\_\_\_

**C0- Applicant EMPLOYMENT**

Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross monthly Income (before taxes) \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice a month \_\_\_\_\_ Monthly \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross Income (before taxes) \$ \_\_\_\_\_

Secondary Employer: \_\_\_\_\_ Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Part - time \_\_\_\_\_ Full -Time \_\_\_\_\_

Gross Monthly Income (before taxes) \$ \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Every two weeks \_\_\_\_\_ Twice a month \_\_\_\_\_ Monthly \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Total Number of People in Household: \_\_\_\_\_ Number of Dependents in Household: \_\_\_\_\_

List Names of ALL Other Household Members	Date of Birth	Social Security Number	Relationship to Applicant

Do you receive HUD assistance (i.e. Section 8 Voucher)? \_\_\_\_\_ If YES, specify assistance type \_\_\_\_\_

**INCOME**

Type of Income	APPLICANT Monthly Amount (Before Taxes)	CO-APPLICANT Monthly Amount (Before Taxes)
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-Employment		
Dependent SSI		
Disability Income		
Other Employment		

	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
Can you document your child support/alimony income?				
If yes, how long will it continue?				
If your child or a family member receives SSI how many more years will the payments continue?				
If you receive disability income, is it for a permanent disability?	YES	NO	YES	NO
Regarding other employment, have you worked in the same field for two years or more?	YES	NO	YES	NO

**EDUCATION (Each check all that apply)**

APPLICANT	CO-APPLICANT	
_____	_____	No High School Diploma
_____	_____	High School Diploma or Equivalent (GED)
_____	_____	Two-Year College/Associates Degree
_____	_____	Bachelors Degree
_____	_____	Above Masters/Doctoral Degree
_____	_____	Vocational Certification

**LIABILITIES/DEBT**

Please list any debt you have, including credit cards, auto loans, student loans, child-support payments, and medical debts. Do NOT include rent, utilities or phone.

WHO'S DEBT?  
 A = Applicant  
 C = Co-Applicant  
 B = Both

	PAID TO	CURRENT BALANCE	MONTHLY PAYMENT	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please use additional sheets if necessary.

	APPLICANT		CO-APPLICANT	
	Yes	No	Yes	No
Have your payments been made on time?	Yes	No	Yes	No
Are you currently in Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin?	_____		_____	
If yes, when will it be paid out?	_____		_____	
If yes, how much is the payment?	_____		_____	
Have you had a chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged?	_____		_____	

**LIQUID FUNDS/SAVINGS/INVESTMENTS**

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT	BOTH
Checking Account			
Savings Account			
Cash			
CDs			
Securities (stocks, bonds, etc.)			
Retirement Account			
Other Liquid Funds			

Are you about to receive additional funds (e.g., tax refunds, property sales, inheritance etc)?

Yes      No      Yes      No      Yes      No

If yes, how much?

\$ \_\_\_\_\_



## DISCLOSURE

I/We are aware that by using SEAGO's counseling and/or homeownership education services we are not required to use nor are we being steered to any funding, lender, loan product, or real estate agency/agent or to purchase a home that may be mentioned.

I/We further understand that any such effort to direct or steer me/us by any trainer, counselor, or any person affiliated with SEAGO or its programs should be reported directly to Randy Heiss, SEAGO's Executive Director, at (520) 432- 5301.

I/We are aware that SEAGO does not endorse any one lender, real estate agent and or manufactured home dealer over any others.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (18 yrs or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member (18 years or older)

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

I(we) understand that I(we) have or will have an application on file with SouthEastern Arizona Governments Organization (SEAGO).

I(we) understand that my(our) application along with other verification and documents related to my application may be released to other agencies.

I(we) authorize SEAGO to release information from my application file to other agencies. I(we) also authorize the SEAGO or Arizona Department of Housing to obtain a copy of my(our) credit report(s) and other documentation to verify my(our) eligibility for assistance and the information in the application for assistance.

**IMPORTANT – READ BEFORE SIGNING**

I/we certify that the statements made in this application are true, accurate, and complete to the best of my/our knowledge and belief. I/we authorize the agency to obtain verifications from any source named in this application and further, to check my/our credit and employment history and to ask questions about me/us. I/we acknowledge and authorize the contacted agencies to answer questions and provide verification about their credit experience with me/us. I/we hereby give permission to the agency and/or state of Arizona to examine personal documents of mine/ours and to inquire into my/our financial affairs in order to determine my/our qualification for assistance under any of the housing programs provided by agency and/or the state of Arizona. I/we also give permission to agency to release any pertinent information to a lending institution for the purposes of determining eligibility for private funding. I/we realize that the completing of this application does not imply that I/we am/are assured of receiving financial assistance, and I/we also realize that any conversations, inspections, or other actions do not imply that my/our assistance has been approved. I/we understand that the assistance, and all details of the work discussed, has been approved only when all final contracts and other legal documents are fully executed. I understand that providing false statements and/or information may be grounds for termination of this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (18 yrs or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household member (18 years or older)

\_\_\_\_\_  
Date